


Idaho Department of Correction  	<b>Standard Operating Procedures</b>	<b>CONTROL NUMBER:</b> 401.06.03.077 v2.0	<b>PAGE NUMBER:</b> 1 of 6
	<b>OPERATIONS</b>  <b>Operational Services</b>	<b>TITLE:</b> Hepatitis C	Approved: 10-30-2002 Reviewed: 04-05-2006 Next Review: 04-05-2008

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on 4/5/06 (signature on file).

## BOARD OF CORRECTION IDAPA RULE NUMBER 401

[Medical Care](#)

### POLICY STATEMENT NUMBER 401.

[Hospitalization, Institutional Clinical Services and Treatment](#)

### POLICY DOCUMENT NUMBER 401.

[Hospitalization, Institutional Clinical Services and Treatment](#)

### DEFINITIONS

[Standardized Definition List](#)

**Facility Health Authority:** The on-site Health Authority or senior health staff assigned.

**Health Authority:** (Commonly referred to as the Department Health Authority or the Medical Services Manager.) The Department employee with primary responsibility to oversee the contract medical provider and to ensure that medical services are provided in accordance with the contractual agreement between the contract medical provider and the Department.

**Hepatitis C (HCV):** An increasingly common infection in the liver. It is caused by a single-stranded, enveloped, RNA virus with 6 Genotypes and more than 50 subtypes. Genotype 1 is predominant in the United States and is relatively resistant to treatment. Viruses are considered non-living and only live and grow from using other types of healthy cells in the body. In this case, they use cells from the liver.

**Clinical Practice Guideline:** Systematically developed, science-based statement designed to assist practitioner and patient with decisions about appropriate health care for specific clinical circumstances.

**Contract Medical Provider:** A private company under contract to the Department to provide comprehensive medical, dental, and mental health services to the incarcerated offender population. It also includes private prison companies and other entities under contract to the Department to operate the Idaho Correctional Center and out-of-state facilities housing Department offenders.

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**Medical Director:** The physician (M.D. or D.O.) in charge of all medical decisions on services provided. Currently, the facilities' medical directors are employees of the contract medical provider and the private prison companies and other entities under contract to the Department to operate the Idaho Correctional Center and out-of-state facilities housing Department offenders.

**Mid-Level Provider:** Licensed Physician Assistant or Licensed Nurse Practitioner.

**Qualified Health Professional:** Physician, physician assistant, nurse practitioner, nurse, dentist, and others who by virtue of their education, credentials, and experience are permitted by law within the scope of their professional practice to provide health care for patients. Currently, all qualified health professionals are employees of the contract medical provider. It also includes the qualified health professionals employed by private prison companies and other entities under contract to the Department to operate the Idaho Correctional Center and out-of-state facilities housing Department offenders.

**Regional Health Manager:** An employee of the contract medical provider, the individual assigned as the primary manager who is administratively responsible for ensuring the delivery of medical services in all covered facilities in accordance with all terms of the contractual agreement between the contract medical provider and the Department.

**Regional Medical Director:** An employee of the contract medical provider, the physician assigned the responsibility of overseeing all clinical aspects of health care in accordance with the terms of the contractual agreement between the contract medical provider and the Department.

## PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to provide evidence-based guidance to contract medical providers to establish a program to identify, counsel, evaluate and treat patients with Hepatitis C, with the goal of preventing disease transmission and progression and fostering improvement in function.

The guidelines for screening, testing, counseling, evaluation and treatment in this SOP are based on the most recent information from the National Institute of Health (NIH), Centers for Disease Control and Prevention (CDC) and other nationally recognized science-based literature.

The Federal Bureau of Prisons (BOP) clinical practice guideline is based upon recommendations of NIH and CDC, as well as current scientific research from a wide variety of sources, and is the standard adopted by the Department for the identification, evaluation and treatment of Hepatitis C. As the BOP clinical practice guideline is updated to reflect new scientific evidence, this SOP will be revised accordingly.

In addition to requiring the contract medical provider to develop protocols consistent with the BOP clinical practice guideline, this SOP provides specific procedures for screening, testing, notification, and counseling offenders with Hepatitis C.

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## SCOPE

The scope of this Standard Operating Procedure includes offenders, contract medical staff, and Idaho Department of Correction staff members involved in the treatment, assessment, or counseling of affected offenders.

## RESPONSIBILITY

The Department Health Authority is responsible to oversee the implementation and continued practice of the provisions contained in this Standard Operation Procedure.

The contract medical provider is responsible to implement and practice the provisions of this Standard Operating Procedure.

## GENERAL REQUIREMENTS

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### 1. Clinical Practice Guideline and Protocols

The contract medical provider shall establish and utilize clinical protocols for the evaluation and treatment of Hepatitis C that are consistent with the [Federal Bureau of Prisons Clinical Practice Guidelines for the Treatment of Viral Hepatitis \(click here to view document\)](#).

The protocols must be reviewed and approved by the Department's Medical Services Manager prior to implementation. The protocols must be submitted to the Medical Services Manager within 30 days of publication of this SOP.

The contractor's Regional Medical Director and the Department's Medical Services Manager shall review and approve the protocol annually to ensure that the protocol is consistent with the most recent version of the BOP clinical practice guideline. Documentation of the annual review shall be kept on file in each facility's medical unit.

Any deviation from the established protocols must be approved by a physician, documented in the offender's medical file, and supported by clinical evidence.

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## 2. Screening

Offenders shall be provided educational information on the transmission, natural history, and medical management of HCV infection. The contract medical provider's qualified staff will perform this function on intake at the Receiving and Diagnostic Units.

Identifying persons with chronic HCV infection requires screening asymptomatic persons, since the majority of persons with HCV are not ill. The Centers for Disease Control and Prevention (CDC) recommends screening persons at increased risk of infection, since identifying persons with HCV infection provides an opportunity for patient counseling, medical evaluation and treatment. Candidates for risk-based testing include offenders who have ever:

- injected illegal drugs
- received a blood transfusion or organ transplant prior to July 1992
- received a clotting factor transfusion prior to 1987
- been on long-term hemodialysis
- received tattoos or body piercings while incarcerated

Appendix 1, Offender Hepatitis Fact Sheet, shall be distributed to all offenders at intake by the contract medical provider's qualified staff at intake in the Receiving and Diagnostic Units. Based upon the information provided, the offender may submit a Health Services Request to receive a test to determine the presence of hepatitis infection.

Appendix 1, Offender Hepatitis Fact Sheet, shall be made available to all offenders in the medical units. At any time during incarceration, offenders may submit a Health Services request to receive testing.

## 3. Testing

In addition to the risk-based testing required in Section 2, "Screening," the contract medical provider shall routinely test offenders for HCV infection based on clinical indications, including:

- signs and symptoms of hepatitis
- elevated ALT levels of unknown etiology
- concurrent infections with HIV or HBV
- presence of medical conditions strongly associated with HCV infection such as cryoglobulinemia, membranoproliferative glomerulonephritis, and porphyria cutanea tarda

Non-infected offenders on chronic hemodialysis should be screened for HCV infection by assaying ALT levels, monthly; and anti-HCV by immunoassay, semiannually.

Staff and offenders should be tested for HCV infection following percutaneous exposures to blood.

Tests for HCV infection should be performed by appropriately accredited laboratories, and ordered and interpreted by appropriately qualified health care providers in accordance with

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the established protocols, consistent with the BOP clinical practice guideline. The preferred screening test for HCV infection is an immunoassay that measures antibodies to HCV antigens.

#### 4. Notification and Counseling

All HCV-Ab positive patients must be notified and counseled concerning Hepatitis C infection. During the course of evaluation via chronic care clinics, further counseling may be indicated and tailored to specific co-morbid conditions associated with the offender's medical status. This counseling may include advice concerning management of depression, alcoholism, weight reduction if obese, control of diabetes, and control of other medical problems.

Functional Roles and Responsibilities	Steps	Tasks
Trained medical professional	1	Learns that an offender has tested positive for HCV-Ab.
Trained medical professional	2	Within fourteen (14) days, schedules an appointment with the offender.
Trained medical professional	3	Counsels the offender regarding the positive diagnosis.
Trained medical professional	4	Gives the offender copies of Appendix 3, Information For Offenders Infected With Hepatitis C.
Offender	5	Reads Appendix 3. (If the offender cannot read or cannot understand the material, the medical professional should read the material to the offender.)
Offender	6	After reading the material, signs the form and returns it to the medical professional.
Trained medical professional	7	Provides the offender a copy of the signed form, Appendix 3, and ensures that the forms are filed in the offender's medical file.
Trained medical professional	8	Documents the counseling in the offender's medical record.
Trained medical professional	9	Enrolls the offender in the chronic care clinic where qualified health care professionals will complete follow-up evaluations at intervals to be determined by a physician or licensed mid-level provider and in accordance with the protocol established by the contract medical provider, which must be consistent with the BOP clinical practice guideline
Trained medical professional	10	As necessary, provides further counseling specific to the co-morbid conditions associated with the offender's medical status.

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## 5. Evaluation and Treatment

Evaluation and treatment of Hepatitis C shall be conducted in accordance with protocols established by the contract medical provider, consistent with the BOP clinical practice guideline and approved by the Department's Medical Services Manager prior to implementation. Appendix 2, Consent for Hepatitis C Evaluation and Treatment, shall be completed prior to initiating treatment with interferon and ribavirin.

If the offender declines evaluation and/or therapy, a refusal of treatment form should be completed, and signed by the medical provider and the offender. The form should be faxed to the Department's Medical Services Manager and the original placed in the offender's medical file.

## 6. Compliance

Compliance with this SOP and the established Department-approved protocols will be monitored via routine and case-specific audits and record reviews conducted by the Department's Medical Services Manager or designee.

## References

Appendix 1, Offender Hepatitis Fact Sheet.

Appendix 2, Consent For Hepatitis C Evaluation And Treatment.

Appendix 3, Information for Offenders Infected With Hepatitis C.

Appendix 4, Mental Health Review for Hepatitis C Patients on Interferon/Ribavirin Therapy.

Centers for Disease Control and Prevention, Prevention and Control of Infections with Hepatitis Viruses in Correctional Settings, MMWR 2003; 52 (No. RR-1): 1-36

Federal Bureau of Prisons, Clinical Practice Guidelines for the Prevention and Treatment of Viral Hepatitis, October 2005.

National Commission on Correctional Health Care, Standards for Health Services in Prisons, 2003.

National Institutes of Health Consensus Statement on Management of Hepatitis C: 2002; NIH Consensus and State-of-the-Science Statements, Volume 19, Number 3, June 10-12, 2002